

**PUMP TYPE**

- ☐ Filtration Pump  
☐ Feature Pump



**Mecklenburg County Health Department**  
**Pool Drain Safety Compliance Form**

**HEALTH USE ONLY:**

DATE RCD \_\_\_\_\_  
 APP \_\_\_\_\_ DIS \_\_\_\_\_  
 INITIALS \_\_\_\_\_

Facility Name \_\_\_\_\_ Pool ID# \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**All applicable sections of the form must be completed. Missing or incomplete information will result in a DISAPPROVAL of the submission.**

**1. Pump System Flow** – Complete either A *or* B below, not both

Pump Manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ HP \_\_\_\_\_

A. Maximum Pump Flow \_\_\_\_\_ gpm      *\*\* Taken off pump manufacturer pump curve*

B. Maximum Pumping System Flow is reduced to \_\_\_\_\_ gpm

*\*\* Choose only one from below. Supporting evidence and calculations must be provided for flow reduction*

Measured Total Dynamic Head loss of \_\_\_\_\_ feet (provide system used);

Calculated Total Dynamic Head loss of \_\_\_\_\_ feet (provide calculations);

Magnetic flow meter reading of \_\_\_\_\_ gpm;

Automatic flow limiting valve factory set at \_\_\_\_\_ gpm

**2. Main Drain Cover Data**      **Pool Exempt:**   Gravity Fed Drains ☐ Surge Tank ☐

Number of main drains on same pumping system \_\_\_\_\_ Distance between drains (on centers) \_\_\_\_\_ inches (“NA” if single drain)

Drain cover manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Date Installed \_\_\_\_\_

Maximum flow rating of cover/grate \_\_\_\_\_ gpm (floor); \_\_\_\_\_ gpm (wall)      Expiration Date \_\_\_\_\_

**Main Drain Sump Measurements** – Skip this section if sumpless universal cover is used

Sump Size – Circular Diameter: \_\_\_\_\_ Inches    – or –    Rectangular Dimensions: \_\_\_\_\_ inches by \_\_\_\_\_ inches

Sump minimum depth \_\_\_\_\_ inches    Diameter of suction outlet pipe to pump \_\_\_\_\_ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate \_\_\_\_\_ inches

Manufactured Sump ☐    Field-Built Sump ☐

**3. Equalizer Cover Data**      **Pool Exempt:**   Gutter ☐ Spray Pad ☐ Plugged ☐ If plugged, how? \_\_\_\_\_

Number of operable skimmer equalizers \_\_\_\_\_ (each surface skimmer usually has at least ONE equalizer line)

Equalizer fitting manufacturer \_\_\_\_\_ Model # \_\_\_\_\_ Date Installed \_\_\_\_\_

Maximum flow rating \_\_\_\_\_ gpm; \_\_\_\_\_ gpm (wall)      Expiration Date \_\_\_\_\_

**Equalizer Sump Measurements** – Skip this section if sumpless universal cover is used

Sump Size – Circular Diameter: \_\_\_\_\_ Inches    – or –    Rectangular Dimensions: \_\_\_\_\_ inches by \_\_\_\_\_ inches

Sump minimum depth \_\_\_\_\_ inches    Diameter of suction outlet pipe to pump \_\_\_\_\_ inches

Distance of top (inside) of suction outlet pipe from bottom of cover/grate \_\_\_\_\_ inches

Manufactured Sump ☐    Field-Built Sump ☐

**4. Suction Vacuum Relief System (SVRS)** – Required of drains that are less than 3 ft apart or single main drain

SVRS manufacturer \_\_\_\_\_ Model # \_\_\_\_\_

Name of person completing \_\_\_\_\_ Title \_\_\_\_\_

(PRINT)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Oct 2017

## **Instructions for Completion and Submission of Pool Drain Safety Compliance Form**

Please review the instructions below to ensure the required Pool Drain Safety Compliance (PDSC) form or its approved equivalent is properly completed and submitted - detailing all information requested. All submissions will be reviewed and approved/disapproved by Environmental Health. Disapproved submissions will receive notification of reason(s) for disapproval.

1. **EQUIVALENT FORM** – A document which contains the same information requested on the PDSC form and may, or may not, contain a Professional Engineer's (PE) or Architect's sign-off.
2. **WHEN/WHERE TO SUBMIT** – Updated or new PDSC forms should be submitted as soon as possible to ensure timely review. In order to receive an operating permit, all Mecklenburg County pools must successfully execute the permit application process and receive **approval** of their PDSC form. Submissions may be faxed to 704-336-5306, emailed to [katie.wilson@mecklenburgcountync.gov](mailto:katie.wilson@mecklenburgcountync.gov), or mailed to:

**POOL PERMITTING UNIT**  
**Mecklenburg County Public Health**  
**700 N Tryon Street, Suite 208**  
**Charlotte, NC 28202**

3. **WHO CAN SUBMIT** – The owner, operator, or any person representing the owner.
4. **PUMP SYSTEM FLOW** – If estimating maximum flow from a manufacturer's pump performance curve, attach the pump curve. Various approved pumps can be found under *Pump Identification with Pump Curves* listed at our website at: <http://meckpools.charmeck.org>.
5. **DRAIN SUMP MEASUREMENTS** – Measurements are needed to determine the size of the cover/grate and to assure the sump is deep and wide enough to meet the requirements in the cover/grate manufacturer's specifications. Information on documenting the size of the drain sump can be found at:  
<http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>
6. **DRAIN COVER/EQUALIZER DATA** – Enter the manufacturer, model, lifespan expiration date and maximum flow for the main drain cover(s). Attach the manufacturer's specification sheet. Various approved covers can be found under *VGB Approved Drain Covers and Equalizer Covers* listed at our website at: <http://meckpools.charmeck.org>.
7. **SUCTION VACUUM RELIEF SYSTEMS** – SVRS is required if dual drains are closer than 3 feet on center or a pump has a single drain with a blockable cover or sump. SVRS's are designed to interrupt pump flow if suction outlets are blocked.
8. **FORM COMPLETION** – A separate PDSC form must be submitted for each individual pool at a facility including spas, wading pools, and other pools. Pools with multiple pumping systems must submit a form for each system. Pools with single main drains which attained compliance with State rule changes made in 2009 are **not** exempt from compliance with these new standards.

**The Health Department understands that the required information and/or measurements may be beyond the scope of owners or their authorized representatives. In those cases, it is recommended that you contact a qualified engineer or pool professional to assist you in completing the form.**

**More information about suction hazards and pool drain safety may be found on the  
State of North Carolina Public Pool program website at:  
<http://ehs.ncpublichealth.com/faf/pti/drainsafety.htm>**